ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Hartord	Registration Dist. No.
Village or City Joppa, Md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
7 //	ds. How long in U.S. if of foreign birth? 59 yrs. mos. ds.
2. FULL NAME Carl August A.	ndersan
(a) Residence: No. Joppa Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCEO (write the word)	21. DATE OF DEATH
Male White Widowed	(Month) (Oay) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WHFE-of Barbara S. Anderson	22. I HEREBY CERTIFY, That I attended deceased from
A -	, 19 , W. 19 ,
6. DATE OF BIRTH (month, day, end year) May 20, 1850 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at. 8:454 m.
01/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
R Trade profession or particular	arterial sclerote Heart disesso years
kind of work done, as SPINNER, C obble - SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and company).	Crochelis Tweek
10. Date deceased last worked at this occupation (month and / 932 11. Total time (yeers) spent in this occupation / 932	
12. BIRTHPLACE (city or town) Orland, (State or country) Sweden	Other Contributory Causes of importance: Terminal lands proumme
II 13. NAME Un Kown	
13. NAME Un Kown	Neme of operation Dete of
(State or country)	What test confirmed diegnosis? Cleneral Was there an autopsy? No
15. MAIDEN NAME Unknown	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (A A K A O W A (State or country)	Accident, suicide, or homicide?
17. INFORMANT Adran A. Anderson (Address) Joppa, 177 d.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jopp 4, Luth, Oate Nov, 25, 19 34	Nature of Injury
19. UNDERTAKER H. K. McComas (Address) Abington Md	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED Mour 24, 1934 Freed March & Resistrar.	(Signed) Frad O Hodono M.O. (Address) Edulmard, md.
If more black an add of the Company	The state of the s

CERTIFICATE OF BEATH

CTATE OF MADVE AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
During last ellness styres attanded by Dr. Charles Both & laceroad but
sudden cliness or latter oreventes has applied into the it is
called several hours later to pronounce set dead of mascentaining
Caused doubt there are the constitution of the
he had gurek heart: mouth any had taken to led with a course I + mais
gradually becoming weaker, anddying,
904

te A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	
ould occ	County Haufurd	Registration Dist. No. 184
item of should of OCC	Village or City Maynolia (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS nt	Length of residence in city of town where deeth occurred 70 yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
CORD. Every PHYSICIANS ct statement	/2. FULL NAME James Brady	
ED.	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L Y. Exa	3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
MANEN CACTI	5a. If married, widowed, or divorced HUSBAND of Or) WIFE of Marry a. Brady	22. I HEREBY CERTIFY, That I attended deceased from 10-11 ,19.34, to 11-28 ,19.34
EX EX cla	6. DATE OF BIRTH (month, day, and year) lec. 1, 1865	I last saw h. Land alive on 11 - 27 , 1934; death is sald
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, atAm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
20	8. Trede, profession, or particular kind of work done, as SPINNER, Railroad Foreman	bronchudasis (t) 20 yrs (
Should be it may be n back of	SAWYER, BOOKKEEPER, etc. Sautobal Sauto	bronchial presimence (At) 11/2 mont
E 61 +0	10. Data deceased last worked at this occupation (month end year)	Other Contributory Causes of importance:
DIN So so	12. BIRTHPLACE (city or town) Julialle Blild (Stata or country) Jennsylvania	arterial scleration heart disease years.
UNFA supplied n terms, ee instri	13. NAME & moles	
sul sul	4 14. BIRTHPLACE (city or town)	Name of operation Dete of
IThally suplain	(State of Country)	What test confirmed diegnosis?
INLY, WI be careful EATH in p important.	15. MAIDEN NAME & curthmour	23. If death was due to external causes (VIOLENCE) fill in elso the following:
CA CA	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
ABUN	17. INFORMANT Mary U. Brady (Address) Magnotia Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Shoul E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place USUMANSO Date Elle 1 1934	Nature of injury
-WRIT mation CAUSE	19. UNDERTAKER I forward K malgama (Address) Alma gown, mid	24. Wes disease or Injury In eny way releted to occupetion of deceased? 100
m i	20. FILED Mrv 30 , 19.34 Fred morlok	(Signed) Fred O. Hodous M.D. (Address) Edglivood, md.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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Example I	I.	Example II	
e of death and related causes	Date of onset The princip	pal cause of death and related	cause

of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy A 11 3713	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis: 330	3 days ago
		HECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

IS A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important. M

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11332
1. PLACE OF DEATH	210-1111
County Hurford	Registration Dist. No. 185
Village or City Have de Gree	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Siovan Growes	, , ,
(a) Residence: No. Parts (Usual place of abode)	St., Cultified If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Northbey (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year)	
7. AGE Years 11 Months Days If LESS than	to have occurred on the data stated abova, at
alt, 42 4 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	thick by an automobile Date of onset
S. Hake, professing, or particular, or particular with discovery control of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation.	neck broken
12. BIRTHPLACE (city or town) Alvuyis (Stata or country)	Other Contributary Canses of Importence:
13. NAME pulluour	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city/or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accidant, suicide, or homicide? Defended Data of Injury Not 10, 19 3 4 Where did injury occur? Route (- Wasford 60
17. INFORMANT Downielle Callague, (Addrass) / 4 8 w. Balto. At Balto, was	Specify whether Injury occurred in NOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Put, Erinfen On Nov 20-1934	Manner of Injury Struck by auto. Natura of injury Brokdu Weck
19. UNDERTAKER Lewis tondon (Addiess) Havre def Grace, Midi	24. Was disaase or injury In any way ralated to occupation of dacesed? Corguet If so, specify
20. FILED Nov., 20, 1934 Blacks J. Taley N.D.	(Signed) folloh Hamburger A. M. O. (Address) Hane de arose nige .

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 2 1844			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

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BINDING	PERM
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_	NEADING
KGIN.	HAN

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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VRI	ation	AUS	TION is very important. See instructions on back of certificate.
1	m	Ü	II
B			

Langth of residence in city or town where death occurred	STATE OF MARYLAND—	-CERTIFICATE OF DEATH
Village or City Advanced to the Advanced City of town where death occurred to the death occurred in a papertol or indivision, give its NAME intered of street and number) Langth of restdence in city or town where death occurred to the death of the common	County Harford	Registration Dist. No. 185
Laggle of residence in city or town what death occurred yes and seed one of the company of the c		No. Storgertal St. Ward
(a) Residence: No. 324 (Usasiplace of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR DIVORCE ("min by word) OR DIVORCE ("min		
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGE, MARRIED, WIDOWED, OR DIVORCED ("mire the word) 1. Il marriad, widowed, or divorced weed of worder ("or) wife of worder ("or) worder ("or	2. FULL NAME Mary M. Callahan	
SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DOYNED OR DIVORCED (World the word) a. If married, widowed, or divorced (Wonlth) DATE OF BIRTH (month, day, and year) AGE Years Months Days II LESS than I day	(a) Residence: No. 325 allings	
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR BIN ORCED (which the word) 1937 1937 1937 1938	The state of the s	
Theresele White OR DIVORCED (write the word) 3. If mortised, widowed, or divorced (or) WiFe of Callaham DATE OF BIRTH (month, day, and year) DA		
AGE Years Months Days If LESS than a sive on the data stated above, at the profession, or particular side of work done, as SPINNER, sometimes of the profession or particular side of work done, as SPINNER, sometimes of the profession or particular side of work done, as SPINNER, sometimes of the profession or particular side of work done, as SPINNER, sometimes of the profession or particular side of work done, as SPINNER, sometimes of the profession or particular side of work done, as SPINNER, sometimes of the profession or particular side of work done, as SPINNER, sometimes of the profession or particular side of the profession		//2 23
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than I day, hrs. or min. S. Trada, profession, or particular kind of work done, as SPINNER. SAWTER, BOOKKEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, SAK, etc. 10. Date deceased last worked at this occupation. Months occupa	Tremale White Midnies	
DATE OF BIRTH (month, day, and year) BATE OF BIRTH (month, day, and year) DATE OF BIRTH (month, day, and y	HUSBAND of PO	22. / I HEREBY CERTIFY, That I attended deceased from
AGE Years Months Days IILESS than 1 day	Charks of Callahan	1934, 10 Chow 22, 1934
8. Trada, profession, or particular wind of work done, as SPINNER. SAWTER, BOOKEEPR, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (monky of dy year) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT PILLE (CHARTION, OR REMOVAL Place SILL AND	DATE OF BIRTH (month, day, and year)	Mast saw h 1 alive on Stor 22, 19 3 4; death is sai
8. Trade, profession, or particular kind of work done as SPINNER. Advanced by the profession of particular kind of work done as SPINNER. Advanced by the profession of the pro		
8. Trade, profession, or particular kind of work dona, as SPINMER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at the spent in this		ware and allower
9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked gt this occupation (monkfold) 19.5 pent in this occupation (monkfold) 19.5 pent in this occupation (monkfold) 19.5 pent in this occupation (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. STATE ACCOUNTS 19. ACCIDENT OF MONICIDES (Address) 19. ACCIDENT OF MONICIDES 19. ACCIDENT OF MONICIDES Specify what har injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. ACCIDENT OF MONICIDES Manner of injury Nature of Injury (Signed) Nature of Injury (Signed) Nature of Injury (Signed)	8. Trada, profession, or particular kind of work done as SPINNER	Chromona Michina
Other Contributory Causes of importance: 2. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.	Y Digmard:
Other Contributory Causes of importance: Other Contributory Causes of i	9. Industry or Dusiness in which work was done, as SILK MILL,	Aspates :
Other Contributory Causes of importance: Other Contributory Causes of i	10. Date deceased last worked at 11. Total time (years)	Serval Caremornators.
2. BIRTHPLACE (city or town) Magnitude (State or country) Management 14. BIRTHPLACE (city or town) (State or country) Management 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT Management 16. BURNANT Management 17. INFORMANT Management 18. BURNAL, CREMATION, OR REMOVAL Place of Management 18. BURNAL, CREMATION, OR REMOVAL Place of Management 19. UNDERTAKER Management 19. UNDERTAKER Management 19. UNDERTAKER Management 19. UNDERTAKER Management 20. FILED Management 21. Was disease or injury in any vey related to occupation of decassed? 22. Was disease or injury in any vey related to occupation of decassed? 23. If death was due to external causes (VIOVENCE) fill in sist the following: 25. If death was due to external causes (VIOVENCE) fill in sist the following: 26. Accident, suicide, or homicida? 27. INFORMANT Management 28. BURNAL, CREMATION, OR REMOVAL Place of Injury Nature of Injury 24. Was disease or injury in any vey related to occupation of decassed? 26. FILED Management 27. INFORMANT Management 28. BURNAL, CREMATION, OR REMOVAL Accident, suicide, or homicida? Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury (Signed) (Signed) Management 19. So, specify (Signed)	year)	
13. NAME 14. BIRTHPLACE (city or town) (Stala or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT Mes. (Address) BURIAL, CREMATION, OR REMOVAL Place Marker Lander Company (Address) Date of Injury Manner of injury	// 020	Other Contributory Causes of Importance;
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 7. INFORMANT Mic. (Address) 8. BURIAL, CREMATION, OR REMOVAL Place (Address) What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicida? What edid injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury Place (Address) UNDERTAKER Accident, suicide, or homicida? Manner of injury occurr? Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way rejated to occupation of decaased? If so, specify (Signed) (Signed) Manner of injury in any way rejated to occupation of decaased? (Signed)		
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT Mus. (Address) 3. BURIAL, CREMATION, OR REMOVAL Place (Address) (Add	(Stala or country) Lermany	1 - AT 1
16. BIRTHPLACE (city or town) (State or country) Lineary Manner of injury Date of Injury Nature of Injury Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury Specify (Signed) Nature of Injury (Signed) Nature of Injury (Signed) Nature of Injury Manner of Injury Nature of Injury (Signed) Nature of Injury Nature of Injury (Signed) Nature of Injury (Signed) Nature of Injury (Signed)	15. MAIDEN NAME Urbnoud	
Whare did injury occur? (Specify city or town, county and State) Specify whathar injury occurred in industry, in Home, or in Public Place. (Address) 5 d Mr. Charles Ch. Balle. 7000 BURIAL, CREMATION, OR REMOVAL Sales Co. Place Manner of injury Nature of injury Nature of injury (Address) Charles January Jone (Address) Charles January Jone (Address) Charles Jaly Q 3 (Signed) Charles Joley M.	16. BIRTHPLACE (city or town)	
Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury Nature of Injury A Was disease or injury in any may related to occupation of decaased? If so, specify (Address) FILED Mar. 23, 194 Blacks J. Saley Q. 3. (Signed) (Signed)	(State or country) / Lermany	Whare did injury occur?
B. BURIAL, CREMATION, OR REMOVAL Place Street Co Place Street Co Place Street Co Place Street Co Nature of injury	11 11 121	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place M fetter Currelly Date Mr. 2 19.34 Nature of Injury 24. Was disease or injury in any may rejated to occupation of decaased? (Address) O. FILED Mer. 23, 1864 Blacks J Saley Q B (Signed)		
9. UNDERTAKER Severy January Long 24. Was disease or injury in any may related to occupation of decaased? (Address) Cheriften Mid If so, specify (Signed) Chiphen M. (Signed) M.	Place Il then Currelly Date Mr. 26 51934	
, FILED. J.		24. Was disease or injury in any way related to occupation of decaased?
	0. FILED Nov. 23 Not Charles & Fally Q. D. Registrar.	(Signed) harte foly M. (Address) Latura la Lata Lu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	II.	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BILESPAN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	á	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1/1/18/11/

V. S. No. 1

ż

19. UNOERTAKER

(Address)

should state

of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH 11305
1. PLACE OF DEATH	
County Harfay	Registration Dist. No. 184
Village or City Iglanuelle mod	AL.
7	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Imafae Graft	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Mars 22	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h a alive on Och 8/ 1967: death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 6 a.m.
5 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cholera Infantion Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Rossfer (Stata or country)	Other Contributory Causes of Importance:
13. NAME BOCK GOODS (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Marie Halbors 16. BIRTHPLACE (city or town) C (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Black Grafts (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cherry Lane MC, Oate Mor 202, 1934	Manner of Injury

Registrar. If more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. s.

If so, specify (Signed)

24. Was disease or injury In any way related to occupation of decaased?___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—

	LACE OF DEATH		48)	,	01
	County Carryona			Registration Dist. No.	1 /
	Village or City Cyr. Kau		NoNo		
	21	eath occurred by yrs mos		f foreign birth?yrs	. mos 0
	TULL NAME CLYN	were grow			
	(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town a	nd State
	PERSONAL AND STATISTI			ERTIFICATE OF DEATH	
Jer Ter	uale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Morth (Day)	, 193 / (Yaar)
HU	Parriad, widowed, or divorced ISBAND of STATE OF	Crow,	22. I HEREBY	CERTIFY That I attended	ed daceasad fro
	E OF BIRTH (month, day, and year)	pt. 21-1867	Vast saw h aliva on	1900,100	death is s
7. AGE	67 1	Days If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:		Date of one
8.	Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	1 R		· · · · · · · · · · · · · · · · · · ·	
9.	Industry or husiness In which	ouceury!	Caren	vona .	
5 🗙	work was dona, as SILK MILL, SAW MILL, BANK, etc		quen		
10.	Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Curren	and to	
	THPLACE (city or town) 2 Curt (State or country)	orago,	Other Contributary Causes of impo	rtance:	
13.	NAME James	liprien	Cathy	na	
14.	BIRTHPLACE (city or town)	Ca At-	Name of operation	Oata of	
-	(State or country)	11	Whet test confirmed diagnosis?	Was thera a	n autopsy?
	MAIOEN NAME Weliali	francis.		ses (VIOLENCE) fill in also the follow	- 7
16.	(State or country)	le le and t	The second secon	Oate of Injury	, 19
	Q /	D	Where did injury occur?	(Specify city or town, county and S	tate)
(ORMANT Folia (Addrass) Turi Plan	al, rud.	Specify whether injury occurred in	INDUSTRY, In HOME, or In PUBLIC I	PLACE.
	Place Place Property	outhor, 19,1934	Menner of Injury Nature of injury		
19. UND	DERTAKER Leurington (Address) Lavre De	Grace, ned.	24. Wes disaese or injury in any wa	ay reletad to occupation of deceesad?	1
20. FILE	Mr. 17 134 Ber	Cha B. Knight	(Signed)	rarles foto	Key M

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Defendi V			200	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

should state

Village or City Patrice La Comment of the second in a horpital or institution, give in NAME intend of street and number) Length of residence in thy or town where deeth occurred. Length of residence in thy or town where deeth occurred. Length of residence in thy or town where deeth occurred. Length of residence in thy or town where deeth occurred. Length of residence in thy or town where deeth occurred. Length of residence in thy or town where deeth occurred. Length of residence in thy or town where deeth occurred. Length of residence in thy or town where deeth occurred. Length of residence in thy or town and State. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED WIDOWED. 10 Submitted Comment the world 10 Submit	1. PLACE OF DEATH	(131)
Length of residence in city at town where deeth occurred Syrs. S. most. Ost. How long in U. S. If of foreign birth? yrs most ds. 2. FULL NAME JANA COLOR OR RACE (a) Residence: No. # Government of the Color of th	County & arford WITHIN SORROBATION	Registration Dist. No. 185
Length of residence in city at town where deeth occurred. 2. FULL NAME (a) Residence: No. # 64 CULC deeth occurred. (b) Residence: No. # 64 CULC deeth occurred. (c) Residence: No. # 64 CULC deeth occurred. (d) Residence: No. # 64 CULC deeth occurred. (e) Residence: No. # 64 CULC deeth occurred. (e) Residence: No. # 64 CULC deeth occurred. (g) Residence: No. # 64 CULC deeth occurred. (h) Residence: No. # 64 CULC deeth occurr	Village or City Yavede Grace	
2. FULL NAME AURA Colored Colored St. Ward If somesident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED, D. S. If married, widowad, or divorced HUSBARD of (S. DIVORCE) Cover the word of (S. DIVORCE)		death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MRRIED, WIDOWED, OR DIVORCED ("write the word) 1. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MRRIED, WIDOWED, OR DIVORCED ("write the word) 4. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MRRIED, WIDOWED, OR DIVORCED ("write the word) 4. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MRRIED, WIDOWED, OR DIVORCED ("write the word) 4. DATE OF DEATH 5. II HER EBY CERT LEY. That I attended deceased from the word of the state of the ward of the date stated abova, st. 1. 23.0 cm. 6. DATE OF BIRTH (month, day, and year) 7. ACE 8. Treds, profession, or particular with the word of the year of y	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	osds
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARKED, WIDNORCED Counce the word) 53. II merried endowad, or divorced (or) wife of Widness of Widnes		
Sa. If married, widowed, or divorced HUSBAND 193/ (Month) 19	PERSONAL AND STATISTICAL PARTICULARS	
So. If married, widowed, or divorced HUSSAND 8. DATE OF BIRTH (month, dey, and year) I. G. 8. DATE OF BIRTH (month, dey, and year) I. G. 8. DATE OF BIRTH (month, dey, and year) I. G. 8. Treeds, profession, or particular kind of work done, as SPINNER OF LANGE O	OR DIVORCED (write the word)	21. DATE OF DEATH / Cor. 9 1934
HUSBAND of Mitchell CrodSon 6. DATE OF BIRTH (month, dev, end yaer) L. G. S.	5a. If married, widowad, or divorced	(Month) (Day) (Year)
T. AGE Years Months G G G G G G G G G G G G G	(or) WIFF of	
8. Freds, profession, or particular formation of the profession of the particular formation of the particular formatio		U 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		STATE (OF MARYLAND-	-CERTIFICATE OF DEATH
1	. PLACE O	F DEATH		(a)
	County	rEdger	vood ta	and County Registration Dist. No. 180
	Village or (City_		No. St., Ward
	Length of res	sidence in city or town where		If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos,ds
2	. FULL NA	ME Bal	ry Dolan	
	(a) Resider	nce: No.	ams	St., Ward.
-	PERSON	IAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State
3. 5	SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	m	w	OR DIVORCED (write tha word)	(Month) (Day) (Year)
5a.	If married, wido HUSBAND of (or) WIFE of	wed, or divorced		22. I HEREBY CERTIFY, That I ettended deceased from
6. 1	DATE OF BIRTH	(month, dey, and year)	11/7/34	I lest saw h. hun elive on Ctillborn , 19 ; death is said
7. /	Stillton	ars Months	Deys If LESS than 1 day, hrs. or min.	to have occurred on the deta stated above, et
OCCUPATION	9. Industry or work wa SAW MI 10. Data dacees this occi	work done, es SPINNER, I, BOOKKEEPER, etc. businass in which is done, es SILK MILL, LL, BANK, etc. sed lest worked at upetion (month and	11. Total time (yeers) spant in this occupetion	Other Coutributory Causes of importance:
16.	(Stata er cou		nd.	-
HER	13. NAME	dward be	Dolan	
FATHER		E (city or town)	england	Neme of operation Dete of Whet test confirmed diagnosis? Whethere en autopsy?
MOTHER	15. MAIDEN NA	AME Elmon Os	2 Obesherron	23. If death was due to axternat ceusas (VIOLENCE) fill in elso the following:
MOT		E (city or town)	rangeland	Accident, suicide, or homicide?
17.	INFORMANT (Address)	Edward le	. Dolar	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	Place Z	TION, OR REMOVAL	Date NOV 9 , 1934	Manner of injury
19.	UNDERTAKER (Address)	Howard K	meloma tion. Ind	24. Was disease or injury in any wey related to occupation of deceased?
20.	FILED POV	8 ,19.34 F	red morlok.	(Signed) fred Offodous M. [(Address) Edglwood ma.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attock of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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V. S. No. 1

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Example I

Example II

The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GENEDA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL

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N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-)

		S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	390		
1	. PLACE OF	F DEAT	'H			210-m			
County Harford Village or City Fort Hoyle, Maryland						Registration Dist. No. / 8			
						NoSt.,	Ward		
	Length of resid	dence in city	y or town where d	leath occurrad		f death occurred in a bospital or institution, give its NAME instead of street and nut			
2	. FULL NAM	VIE	Willian	n J. Grif	fith				
	(a) Residence	ce: No		(Usual place	of abode)	St., Ward. If nonsesident give city or town and St	tale		
	PERSON.	AL ANI	STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3.	Male		OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word) aknown	21. DATE OF DEATH November 16 (Month) (Day)	193 4 (Year)		
5a.	If marriad, widowe HUSBAND of (or) WIFE of	ed, or divor	ced			22. I HEREBY CERTIFY, That I attended de	ceased from		
6	DATE OF BIRTH (month day	and year) NOT	7. 11. 18	189	found dood	death is said		
	AGE Year		Months	Days	If LESS than	to have occurred on the date stated above, atm.	20011119 90111		
	45	5	0	5	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
NOI	Trada, profession of was SAWYER.	Trada, profession, or parlicular kind of work dona, as SPINNER, Fireman SAWYER, BDDKKEEPER, etc. Fireman				1.Cerebral concussion 2.Fracture 6th cervical vertebra	Date of onset 11/16/34 11/16/34		
CUPATION	9: Industry or business In which work was done, as SILK MILL, Railroad SAW MILL, BANK, etc.					MATTROOM OUT OUT TOWN			
Ö	10. Date deceased last worked at 11. Total time (years)			11. Total (time (years) ent in this upation Unknown				
12.	BIRTHPLACE (city (State or coun		Mil] Pa	lvale,		Dther Contributory Causes of importance: Fracture, 3,4,5,6 & 8th ribs left and fractures 2,3,4,7,8th ribs right	12/26/2/		
ER.	13. NAME		Unkr	nown		Fracture.double.comminuted.left	17/10/20		
FATH	14. BIRTHPLACE (State or		TT 7	nown		Fracture, double, comminuted, left femur. Multiple abrasions. Nama of operation None Data of What test confirmed diagnosis? Autopsy Was there an au	V05		
ER.	15. MAIDEN NAN	_				what test confirmed diagnosis? Was there an au' 23. If daath was dua to external causes (VIOLENCE) fill in also the following:	opsy? + P.S.		
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country) Unknown				lown		Accident, suicide, or homicide? Accident Date of injury QV 16 Where did injury occur? Highway Ft Hoyle, Md.	3_,1934		
17. INFORMANT Records-Civilian Conservation Corp (Address) Fort Hoyle, Maryland					vation Cor	(Specify city or town, county and State) SSpecify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLAC Public Place	Ε.		
18. BURIAL, CREMATION, OR REMOVAL Place Arlington, Va. Date Nov. 17, 19						Manner of Injury Hit by unknown car. Nature of Injury Same as above.			
Howard K. McComas, 19. UNDERTAKER Abingdon, Md						24. Was disease or injury In any way related to occupation of deceased?R(2		
20.	FILED 7200	7.1.7., 1	34 Fr	ed Tr	Olok E Registrar.	(Signed) James M. Miller, Major, M. (Addes) Edgewood Arsenal, Md.	C. M. D.		
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Auto-	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 B ż of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11331
1. PLACE OF DEATH	98-0)
county Harlord	Registration Dist. No.
Village or City uberdeen, R.D.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
500 -10 col 10 00 10	
2. FULL NAME Martha Clisa Holl	and well
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 6 193# (Month) (Dey) (Year)
Sa. If marriad, widowed, or divorced	
(or) WIFE of & Stanley Holland.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Loce. 11, 1861	lest saw ber aliva on 200 6 , 193 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4.30 fm.
72 11 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were 35-fallows: Date of onset
2 Trade profession or particular	Here as failows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPR, etc.	
9. Industry or businass in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Date decaasad last worked at this occupation (month and year). 1933.	
Chestnut Nill	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland (State or country)	Valvulu Diseus 1
13, NAME William Lockard	heart -
13. NAME William Lockard 14. BIRTHPLACE (city or town) Gennsylvania (State or country)	Name of oparetion
4. BIRTHPLACE (city or town)	What test confirmed diegnosis? Was thera an au'opsy?
15. MAIDEN NAME MOREL BULL.	23. If death was due to axternel causes (VIOL ENCE) fill In also tha following:
15. MAIDEN NAME Mary Bull. 16. BIRTHPLACE (city or town) Chestrut Hell (State or country)	Accidant, suicide, or homicide?
(State or country)	Where did injury occur?
Marga al Marghet	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE,
17. INFORMANT ACCULATION OF THE CARD	
18. BURIAL, CREMATION, OR REMOVAL Kensely 31 - Jak	Manner of injury
Plece Ster Spring Date Str. 7 =, 1937	Nature of Injury
19 UNDERTAKER Senry Jarryng Jons	24. Was disaasa or injury in any way related to occupation of deceased?
(Addiass) aberdaen mo	If so, specify
wellow a 34 (Hollikhael	(Signed) M.D.
20. FILED Registrar.	(Address) Cleer Clean MV
	World Buy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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E	xample I		Example II		
The principal cause of dea of importance were as follow		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	A	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	P 6= 6	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	·	July 5, 1927	Peritonitis	3 days ago	
	SHEELIV	2 11			
Other contributory causes	of importance;	13	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIA	IN

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item of inforshould state of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(93-67)
County Harford TITHIN CORPORA	Registration Dist. No. 185
Village or City Have de Grace Length of residence in city or town where deeth occurred 10 yrsm	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How iong in U.S. If of foreign birth? yrs. mos. ds.
	bbard
(a) Residence: No. 421 Un Vei Gue (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 (Day) (Year)
5a. If mairied, widowed, or divorced HUSBAND of Horence Sadler Hubbaca	22. I HEREBY CERTIFY, That i attended deceesed from Aas. 19 94, to Nay. 20 19 44
6. DATE OF BIRTH (month, day, and year) 172 and 8 1870	i last sew h_sinc alive on Rev. 20, 19; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at 3.3.4.m.
64 5 12 1 day,hr	THE RESIDENCE OF DEATH and leigted causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILLHALL Have de You will be deceased last worked et 11. Total time (years) this securation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	Date of onset
9. Industry or business In which work wes done, as SILK MILE Hole Hange de 4	Hupbyzosty
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation occupation	
Belline	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Cartie Taileral
13. NAME James H Hubband.	
13. NAME James H Hubbard 14. BIRTHPLACE (city or town) Dorchester Co	Name of operation Oate of
(Stete or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME MARKE & Dever	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary & Dever 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury 19
E (State or country)	Where did injury occur?
17. INFORMANT William In In are ch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Baets ma Baeto Por Baeto Por 23. 193	manner of injury
19. UNDERTAKER John F. Denny (Address) 715 Lucks 21	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEO Nov. 22,1934 Charles & Faley, FA. P. Registrar.	(Signed) Rayle Taly M. O. (Address) Stand de Stace, M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	T and a second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	The state of the s	
Gallstones	May 1,1923	Gastroenteritis	1 year	
		mov 30 19	34	

Additional space for further statements by Physician

Translation see letter filed render Foley

1/2/35.

V. S. No. 1 Ä ż TION is very important. See instructions on back of certificate.

should state

STATE OF MARTEAND	CENTILICATE OF DEATH
1. PLACE OF DEATH	D to the second of the second
County Aurfard MITHIN CORPORA	Registration Dist. No. 185
/ Village or City Halvre de Grace	No. Haxbetal St. War
0	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occupied	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME thuby Johnson	<i>y</i>
(a) Residence: No Navrestdy Wrace 7	Kole Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR_DIVORCED (write tha word)	21. DATE OF DEATH Now 8
Male W. Married	(Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That t attanded deceased fro
(OT) WIFE OF This Flarence Johnson	Nov 1 1934 to Nov 8 1034
6. DATE OF BIRTH (month, day, end year) June 6. 1892	I last saw h was alive on Mar 8 1934: daath is sa
7. AGE Yaars Months Days If LESS than	to have occurred on the dete stated above, at 6m.
42 5 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and celated causas of Importenca
R Trade profession or particular	were es follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceasad last worked at this occupation (month and	Juschard 45991
9. Industry or businass in which	
work wes dona, as SILK MILL, SAW MILL, BANK, etc.	
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(Stata or country) . North Chroma	
13. NAME William Johnson	
13. NAME Willeam Johnson 14. BIRTHPLACE (city or town) 1	Nema of oparetion Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Blevius 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to external ceuses (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) 1	Accident, suicide, or homicide? Dete of injury, 19
(State or country) Path Carouna	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Shulin Johnson	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Have Newsgrace, Md,	
18. BURIAL, CREMATION, OR REMOVAL Place Harmon Com s. Date Nov 1 10 1934	Manner of injury
Place J. Later Love J. 19.07	- Nature of intury
19. UNDERTAKER AIN Bailing	24. Wes diseasa or injury in any way related to occupation of deceasad?
(Addrass) Darlington, Mid,	If so, spacify
20. FILED Nas. 9, 19-94 Charles J. Joley m. D.	(Signad) M
Registrar.	(Address) All All All All All All All All All Al

STATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Data of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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ause of death and related causes cere as follows:	
	1 week ago
car	1 week ago
	3 days ago
ry causes of importance:	
	1 year
_	ory causes of importance:

ä

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF, DEATH	210-11
County Vtasford	Registration Dist. No. 180
Village or City Lag Ewood	ND. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) A
2 FULL NAME Grosely William /	trevoire
(a) Residence: No. Ede rwood wig	St. Ward.
(a) nesturance. No. /(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rufice the word)	21. DATE OF DEATH NW 6
mare where sware	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(1)	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) The 22-1914	t last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
l or min.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, as over SAWYER, BOOKKEPER, etc.	Fractional Alliel -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this operation (mesh data).	17.00000
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (mostly and a great of the occupation)	
	Other Contributory Causes of Importanca:
12. BtRTHPLACE (city or town) Manufect (State or country)	
13. NAME (O Lettywe us	
13. NAME (O Letynog as 14. BIRTHPLACE (city or town) Many Sund	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Level cling It andy	23. If death was due to externat causes (VIDL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Afail Person	Accident, suicide, or homicide accedunt Date of injury 206, 19 34
(State of Cognity)	Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT DELYWY 46	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) / / / / / / / / / / / / / / / / / /	Manner of injury Cutty axeld Eut
Place Abingdon Cem. Date Nov 9 1934	Nature of injury fleetiesed Alliel
19. UNDERTAKER Howard K. McComas,	24. Was disease or injury in any was related to occupation of deceased?
(Address) Abingdon, Md.	If so, specify
20. FILED NOV 8 , 1934 Fred Morlok	(Signed) Under Union M.D.
Local Registrar.	(Address) Yda Eurood Wol

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
British V C	11			
Other contributory causes of importance:	11	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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OF

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3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

1. PLACE OF DEATH

County //se

(a) Residence: No

HUSBAND of

(or) WIFE of

(State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town (State or country

16. BIRTHPLACE (city or town (State or country

13. NAME

17. INFORMANT

(Address) 18. BURIAL, CREMATION, OR BEN

(Address)

Village or City

Registrar.

(Usual place of abode)

S. SINGLE, MARRIED, WIDOWED.

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

If conresident give city or town and State

(Dev)

That I attended deceased from

Date of onset

(If death occurred in a hospital or iostitution, give its NAME instead of street and number)

MEDICAL CERTIFICATE OF DEATH

What test confirmed diagnosis? Was there an autopsy?

Accident, suicide, or homicide?______ Date of Injury_______ 19_____

(Specify city or town, county and State)

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or Injury In any way related to occupation of deceased?

Ward

21. DATE OF DEATH

Where did injury occur?____

Menner of Injury

Nature of Injury

If so, specify (Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. h.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46)
County Marford THIN CORPORAT	Registration Dist. No. 185
Village or City Huype de Grace	No. Waskers St., Ward death occurred in a horpign or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs	ds. How long In U.S. if of foreign birth?
2. FULL NAME William J. 116 Ro	uald
(a) Residence: No. Perrysulfue The d. (Usual place of abode)	St., Ward. Cutterde If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ravice A	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(01) WIFE of Margaret The Donald	22. OLY 27 1934, to Nov 3 1934
6. DATE OF BIRTH (month, day, and year) Upry 13-1855	I last saw have alive on Nov 3 , 1934; death is said
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the data stated above, et 10 mm.
/9 6 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Parker Decombenestion
9. Industry or business in which work was done, as SILK MILL.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato daceasad last workad at this occupation (month end spent in this	(probable Carcinoma) stones)
yaar) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country) Maryland	
13. NAME Valrick Majorald	
13. NAME Patrick Majdonald 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UMMa Maraw	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Anna Maraw 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
(Stata or country) Sreland.	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Nague de Leave Nazketal. (Address) Aavee de Leave ma.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place St Transe Date NOV 6, 1934	Neture of injury
19. UNDERTAKER Howard & Melonne (Address) above 9 don me	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nov. 3 184 Charle & Faley M. D.	If so, specify (Signed) M.D.
Registrar.	(Address) + Q- 12 + 72 - At - A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis , , , , , , , , , , , , , , , , , , ,	3 days ago	
		9561 8 32G		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE	OF MARYLAND—	CERTIFICATE OF DEATH	1338
1. PLACE OF DEATH		92-0	C .
County Tarford		Registration Dist. No	8.1
/ Village or City Lene	<u> </u>	NoSt.,_	Ward
Langth of residence in city or town where	death occurred 50 yrs, mos	f death occurred in a horpital or institution, give its NAME instead of street and s	d number) mos. ds
2. FULL NAME DOWN	ett moran		
(a) Residence: No.		St., Ward.	
(-) 1100.001.110	(Usual place of abode)	If nonresident give city or town a	ind State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Colored	5. SINGLE, MARRIED, WIDO WED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 / (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	morgan down	22. I HEREBY CERTIFY, That I attended	ed decaased from
6. DATE OF BIRTH (month, day, and year)	Dec. 20, 1840	Chast saw h. A. alive on UNV 212, 193	7; death is said
7. AGE Years Months	Days if LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	
S. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer	Thomas Mihal	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at 19	Farm		
10. Date daceased last worked at this occupation (month and year)	11. Total tima (yeers) spent in this occupation		
12. BIRTHPLACE (city octown) 49 00 (Stata or country)	md, gton	Other Contributory Causes of Importance:	7
II 13. NAME UNENO	w		
14. BIRTHPLACE (city or town) (State or country)	know	Name of operation Date of What tast confirmed diagnosis Classical Was there a	
置 15. MAIDEN NAME Unk	snow_	What tast confirmed diagnosist Iddicate Was thara a 23. If death was due to axternal causes (VIOLENCE) fill In also the follow	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	know-	Accident, suicida, or homicida? Date of injury Where did injury occur?	-
17. INFORMANT Emily 19 (Address) 6 6 6 9 mm	niller st. m	(Specify city or town, county and S Spacify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC I	tale) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Survey	9 Data Nov. 27, 1934	Mannar of Injury	
19. UNDERTAKER 19. (Address) 10 arline	Bailey	24. Was disease or injury in any way related to occupation of decaesad?	no
20. FILED 1 02 25, 1934 Be	relia B. Kright.	(Signed) (Addrass) Andras & France	M.D. M. D

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Example 1			Example II	
The principal cause of death and relation of importance were as follows:	ated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CELV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 weck ago
Cerebral hemorrhage	0 8 16	July 5,1927	Peritonitis	3 days ago
84.18	WALL V	8		
Other contributory causes of importa	ince:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11309
1. PLACE OF DEATH	82-0
County Harbord	Registration Dist. No. 183.
Village or City near sure flavelles	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME: Little Muson	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB-OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED Unite the word 5. If married, widowed, or divorced 5. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Oey) (Year)
HUSBANO of Micholas helson (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from GCT 1, 1934, to GCT 31, 1934
6. OATE OF BIRTH (month, day, and year) Fech 1/ 1865	i last saw elive on Get 31 ,1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 7 P.m.
69 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, House pufe SAWYER, BOOKKEEPER, etc.	berebral Henorrhage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town) Black thouse for fred es (State or country)	Other Contributory Causes of importance:
13. NAME Joshua & Tuckey	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of
15. MAIDEN NAME MARY Surger Little	What test confirmed diagnosis? Clemeal Was there an au'opsy? Ito
15. MAIDEN NAME mary Susan Tytle 16. BIRTHPLACE (city or town) Black Horse (State or country) Susand Co) md.	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs Charles Kenfy (Address) white Hall mile	Where did injury occur?
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place School Com. Oate Nov 3 , 103 4	Nature of injury
19. UNDERTAKER Saffing House Had	24. Was disease or injury in any wey related to occupation of deceased? 100
20, FILEO Nov 3 1934 Thos. R. Brown. Registrar.	(Signed) H. F. Bradley M. O. (Address) garrettsville Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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incipal cause of death and related causes ortance were as follows: of epilepsy r by street car tis	1 week ago 1 week ago 3 days ago
r by street car	1 week ago
*	
itis	3 days ago
	o days ayo
contributory causes of importance:	
	1 year
	contributory causes of importance:

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

1. PLACE OF DEATH	9320
County Me Houris Haufurd Con	Registration Dist. No. 182
Village or City Country Home	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME MALEN MOVIS,	A
(a) Residence: No. Sufferd Co Cell	ust found
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mule While OR DIVORCED (write tha word)	MW 7 1934
5a. If married, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY, That I attended deceased from
monumen	auf 1 1934, to how 7 1934
6. DATE OF BIRTH (month, day, and year)	I last saw turn aliva on NOU 2 ,1934; death is said
7. AGE Years 7 Months Days If LESS than 1 day	to have occurred on the data stated above, atm.
corace of mensor or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Un myocardial
work was dona, as SILK MILL, SAW MILL, BANK, etc.	1 (H- No. A.O.
U 10. Date daceasad last worked at 11. Total time (years)	resuse 1920go
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importanca:
(State or country) Mighay / /	
13. NAME Technology in Soms	
14. BIRTHPLACE (city or town) Mospland	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Note: Was there an autopsy?
15. MAIDEN NAME Jufatannon glade	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMATELONDE Hard Co - Jefens Hones	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Sel Cen Mill	
18. BURIAL GREMATION, OR REMOVAL	Manner of injury
Fall prick clude 90-7 ,1936	Natura of Injury
19. UNDERTHERAMBELGER & Lovas	24. Was disease or Injury In any way ralated to occupation of decaasad?
(Approxis) Segain, ml.	If so, spacify
20. FILEO Nov 7 , 1934 NE Kichardson	(Signed) Willard (S. M. O.
Registrar.	(Address) + Outst Hell 724

STATE OF MARYLAND-CERTIFICATE OF DEATH

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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 Ωİ,

item of inforshould state of OCCUPA-

1. PLACE OF DEATH	JF MAR	Driges	107-01)	HU1
County Harford		0	Registration Dist. No. 150	
Village or City Fort Hoyle Length of residence in city or town where			No. St, If death occurred in a hospital or institution, give its NAME instead of street and numb s. 5 ds. How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME Patri				
(a) Residence: No.	(Usual place		St., Ward. Washington, D. C. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH November 8 , 193 (Month) (Day)	4 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret O'Connor			22. I HEREBY CERTIFY, That I attended dece Nov. 4, 19 34, to Nov. 8,	1934
6. DATE OF BIRTH (month, dey, and year)			I last saw h_im alive on NOV • 8, 19.34 ; de	ath is said
7. AGE Years Months 69 2	Days 21	If LESS than 1 day,hrs. ormin.	mere we full and .	te pfonset
The District Little (and) of tourny	re Depart		Pneumonia, broncho, bilateral [] Other Contributory Causes of Importance:	7-54.00
	O'Connor			
	reland		Name of operationNoneDate of	sy? No
15. MAIDEN NAME Kather	ine Sheen	an/	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT R. C. Q'Connor (Address) 1460 Irving St., Washington, D.C			Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	, 19
18. BURIAL, CREMATION, OR REMOVAL NO Shington, D.			Manner of injury	
19. UNDERTAKER Howard K. Mo (Address) Abing don, Mo	red m	orlok	24. Was disease or injury In any way related to occupation of deceased? No If so, specify (Signed) Henry Fo Philips for Mo	
	doc	al Registrar.	(Address) Edgawood Arsenel, Md.	

CEDTICIOATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Example II Example I The principal cause of death and related causes .The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 3 days ago Other commentary causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: CEIVE Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURPAII V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1/ PLACE OF DEATH	
County Harford	Registration Dist. No. 183
Village or City Havre de Grace)	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?
2. FULL NAME SCOLE 6 LIGHT VILL	our range.
(a) Residence: No. (Usual place of abode)	St. Cluteworks restal 1. 9. If nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write tho word) Science Le	21. DATE OF DEATH ember 18 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 29-1916	I last saw h elive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
18 9 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	That huiself in the
9. Industry or business In which work was done, as SILK MILL,	D. A. D.
SAW MILL, BANK, etc	head
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town) Lageyvele (State or country)	Other Contributory Causes of importance:
13. NAME Havey Politerlangle	
14. BIRTHPLACE (city or town) & here ville	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hazel Broome,	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Allered Date of injury / 8, 19 3 4 Where did Injury occur? Advise de Succe Tud.
17. INFORMANT Haven Pewterlangle.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) vestalle M.M.	Public Hotel
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury Shut himself
Place Vest 1 Oate Lave 19 94.	Nature of Injury Dullet would of head
19, UNDERTAKER Lewis Sour.	24. Was disease or hjury in eny way related to occupation of deceased?
(Address) Have dy Grace, nd.	If so, specify of acting coroner
20. FILEO Nov. 22, 1954 Charles J. John, M. D.	(Signed for the Hauffuller . M. O.
Registrat.	(Address) Alle of alley her

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	171492,2000		1 year

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1. PLACE OF DEATH	(IN)
County Harfard	Registration Dist. No. 185
Village or City Hackre de Grace	No. I tasketal St. Ward
	If death occurred in a hospitator institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mo	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Odivin a. Lum	sly.
(a) Residence: No. Aberdeleu MA. (Usual place of abode)	Wark Cutterde If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Male w. OR DIVORCED (write the word)	Wrv 6 1934
5a. If marriad, widowad, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	1 HEREBY CERTLEY, That I attended daceased from
Single	100 6 ,1934 , to ky 6 ,1934
6. DATE OF BIRTH (month, day, and year) Sept, 24 192	I last saw halive on
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
12 1 12 1 day,hrs	med as follows:
8 Trada profession or particular	Scut Jananno Oate of onset
SAWYER, BOOKKEEPER, etc.	- 12 Aprobal teppendent.
9. Industry or business In which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Now, 2 11. Total time (year) this operation (month and	
year) occupation	Other Coutributory Causes of importance: 40
12. BIRTHPLACE (city of town) of arlington	Coronor Thromboa
(State or country) Maryland	_
13. NAME (Clear town) Turnshiller 14. BIRTHPLACE (oils or town) Turnshiller	1 Marke st
14. BIRTHPLACE (eith or town)	Name of operation All Control Oata of
(State or country) / Rarysand	What test confirmed/diagnosis? Listo Ases Was there an autopsy? 4
15. MAIDEN NAME (Mua Philips	23. If death was due to external causes (VIOUENCE) fill in also the following:
15. MAIDEN NAME (MAA Philips 16. BIRTHPLACE (city or town) Physics (State or country)	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur?
allen a. Ressarles	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) aluralum md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Warlington Cem, Date Nov, 7, 19.35	Nature of injury
Ad & Bill	24. Was disease or injury in any way related to accupation of deceased?
19. UNDERTAKER () (Address) (2) a plimator. (MMd)	If so, specify The Menus
3	
20. FILED LAN: 6 , 1934 Charles & Saley M. D.	(Signad) M. M. Address Alexander M. M.
Registrar.	(Address)/TOYYUUTINED IN

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 1145.
1. PLACE OF DEATH	210-0)
County Harford	Registration Dist. No. 185
Village or City Have de Grace, ned	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residanca in city or town whera death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William J. Shaw	alian.
(a) Residence: No. (Usual place of abode)	Sfutuard.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO,	21. DATE OF DEATH
male white MARKED (write the word)	1/ 27 193 4
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND OF accept Shamalese	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, end year) Rearely 12-1879	lest saw h alive on, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
7. AGE Yaars Months Oays If LESS than	to have occurred on the date stated above, atm.
5-5 8 16 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and ralated courses of Importance
- 1 & Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Cal Sawyer, BOOKKEEPER, etc.	Traumatic aupertation of Kiches
9. Industry or business in which work was done, as SILK MILL.	Leg. moetels & Kull
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Juster craniel Hemorroage
O 10. Oete daceased last worked at this occupation (month and year)	mochine cernical Verticing
21 1 10-	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
1 1/13	
E 2	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	Whet test confirmed diagnosis? Was there an autopsy?
E	23. If death wes due to axternal ceuses (VIOLENCE) fill in also the following:
State or country)	Accidant, suicide, or homicide?
C 28 1	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) 1990 (Addrass)	Specity-whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury auto acceles
Place attedral Sempate Nov. 30-, 1934.	Natura of Injury as abare
pallo, wh.	24. Wes disease or Injury In any way related to occupation of dacaasad?
(Address) a rive of our 7 to 4	If so, spacify
Ten ax Abo Ito	(Signad) Adulto or cheer of M.D.
20. FILEO CAS 20, 1994 Marles of Joley Registrar.	(Address) Havride Grece
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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street car 1	Date of onset 1 week ago 1 week ago
street car 1	
street car 1	
3	3 days ago
	1 year
	ntributory causes of importance:

	- I.	te	A-	
	infe	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CUR	
1	m of	hould	00	
2	y ite	52	t of	
	Ever	IAN	emen	
	ED.	YSIC	state	
9	ECO	PH	act	
	TR	. Y.	Ñ	
NG	NEN	TI	fied.	
NDI	MA	XAC	lassi	
BI	PER	E	rly c	ate.
OR	SA	tated	rope	rtific
MARGIN RESERVED FOR BINDING	IIS I	be s	be p	of ce
SVE	-TH	pln	nay	ack
SE	INK.	sho	t it r	on b
RE	DN	AGE	tha	ions
Nis	IQV.	ed.	S, S0	truct
AR	R.	ilqqı	term	insi e
A	AL	I, SI	lain	Sec
	WI	reful	in p	tant.
	VLY,	e ca	ATH	nport
. /	LAI	ald b	DE	ry in
	E P	shoi	E OF	is ve
	VRIT	tion	AUSI	NO
No. 1	N. BWRITE PLAINLY, WIT, NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	m	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURA-	[] TION is very important. See instructions on back of certificate.
V. S. No. 1	N. E		(T

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	800
County Harton	Registration Dist. No. / 8
Village or City Near Celebralien (16	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Connie Sildon	
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Female Colord S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Lo-Franklin Lildon	22. Oct. 37 CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 21 1869	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.55 P.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance wara as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, Aswyer, BOOKKEEPER, etc.	Bronelis - prepusara Data of one 1/-3-34
9. Industry or business in which	Ceremite remarinage 10-30-84
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation cocupation cocupation.	
12. BIRTHPLACE (city or town) Auxford Cets (State or country)	Othar Contributory Causes of importanca:
13. NAME Jessess Africas 14. BIRTHPLACE (city or town) Harfred Cor	
4 14. BIRTHPLACE (city or town) 12. (Stata or country)	Name of operation
15. MAIDEN NAME Agree of Coulting	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) A art or h	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicida?
(State or country) Marty fand	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT IMA Selection Sudden (Address) Cherolen Mid	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Wirin M. E. Lewely Date Mrv. 7 - 19.34	Mannar of Injury
19. UNDERTAKER Sterry Tarring Stors	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED VV. 7, 1974 Collichael Registrar.	(Signad) Claude to Coward M. D. (Addrass) 5 2 It Claur It Dans le Grace

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVES	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUZEAU V g			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1	L	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Barford	Registration Dist. No. 182
	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U. S. If of foreign birth?mos ds.
2. FULL NAME IFM. Cristis 181	me
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, W10 OWED, OR DIVORCEO (write the word) Single	21. DATE OF DEATH (Month) 7 (Day) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY. That I ettended decoased from
DATE OF BIRTH (month, dey, end year) 10et. 17, 1934	Hast saw him alive on Nov. 32 1934; death is said
AGE Years Months Days If LESS than 1 day, hrs.	to heve occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Prematiere Borth Data of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	() ///6/2/100 4-4/304/0 4
this occupation (month and spent In this occupation	Other Coutributory Causes of importance:
22. BIRTHPLACE (city or town) (State or country)	J. Congression
13. NAME B. C. Office	
14. BIRTHPLACE (city or town) Misseuric (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there en eulopsyl Vo
15. MAIDEN NAME bannels. In Danders	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town). Triginia (State or country)	Accident, sulcide, or homicide?
17. INFORMANT B. C. Mhite (Address) Fallston Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Fraised Ship Cemety Date Nov 8, 1984	Manner of injury
19. UNDERTAKER Homberger & Enons (Address) Benson Old	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nov 8, 1994 ME Richardson. Registrar.	(Signed) a. f. Can Hope M. D. (Address) Is Jes air ald

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUDENT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

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Y. Exa	3. SEX
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ACTL assified.	5a. If married, HUSBAN (or) WIFI
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	7. AGE
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tion s USE ON is	Place
CAL	19. UNOERTA
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- Pu
County Harford	Registration Dist. No. 182
Village or City Rel Cew	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME John Young	
(a) Residence. No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE S. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 2 - 1934 (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. OATE OF BIRTH (month, day (and year) Jan 36 1862	7eb. 28 1934 to Nov. 2 1934 least saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
72 9 2 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic interstit a nephritis
Industry or business in which	2
work was done, as SILK MILL, Addred	3)
O Date deceased last worked at this occupation (month and year)	67
Baltine (2)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Chustian Young	
13. NAME Chustian Joung. 14. BIRTHPLACE (city or town).	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Barolara. Daylor	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Barolara. Daylor	Accident, suicide, or homiside?Date of Injury,19
S (State or country)	Where did injury occur?
17. INFORMANT Matilda I Hall. (Address) Bet all med	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL JOSE 1800. 5, 1934	Manner of injury
19. UNDERTAKER Sytusty Have (Address) Jack Havella	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Nov 4 , 4934 NE, Richardson Registrar.	(Signed) A. F. Vau tille M. O. (Address) Belain and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year